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APPLICATION NUMBER	FILING DATE	FIRST NAMED APPLICANT	ATTORNEY DOCKET NO.
			300,121,110.

			
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		ART UNIT	PAPER NUMBER
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INTERVIEW S	UMMARY	DATE MAILED:	
All participants (applicant, applicant's representative, PTO personnel):			
(1) Nymal (Rasi (3)			
12 Kati Mucachiae			
Date of Interview			
Type: Delephonic Personal (copy is given to applicant appli		re).	
Exhibit shown or demonstration conducted: Yes No If yes, brief desc	cription:		
	···		
Agreement was reached. was not reached.			
Claim(s) discussed: 28-74			
Identification of prior art discussed:	• .		
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Description of the general nature of what was agreed to if an agreement was r	eached, or any other	er comments:	Note the second of the second
Discussion providention	1 (01 8	write do	2 supho
Isues.			
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A fuller description, if necessary, and a copy of the amendments, if available, nust be attached: Also, where no copy of the amendments which would rendettached.)	which the examiner or the claims allowal	r agreed would render th	ie claims allowable
the contraction of the contracti		•	ary and continuous po
. It is not necessary for applicant to provide a separate record of the subst	tance of the intervie	w.	
Inless the paragraph above has been checked to indicate to the contrary. A F S NOT WAIVED AND MUST INCLUDE THE SUBSTANCE OF THE INTERVIE ction has are ready been filed, APPLICANT IS GIVEN ONE MONTH FROM T UBSTANCE OF THE INTERVIEW.	ORMAL WRITTEN EW. (See MPEP Se HIS INTERVIEW D	RESPONSE TO THE LE ection 713.04). If a respo ATE TO FILE A STATEN	AST OFFICE ACTION Inse to the last Office MENT OF THE
Since the Examiner's interview summary above (including any attachmer rejections and requirements that may be present in the last Office action, is considered to fulfill the response requirements of the last Office action, the interview unless box 1 above is also checked.	nts) reflects a comp and since the clain Applicant is not re	lete response to each on s are now allowable, th lieved from providing a s	of the objections, is completed form separate record of
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Examiner Note: You must sign this form unless it is an attachment to another form.

FORM PTOL-413 (REV.1-96)

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